111TH CONGRESS
1ST SESSION

S. 1181

To provide for a demonstration project to examine whether community-level public health interventions can result in lower rates of chronic disease for individuals entering the Medicare program.

IN THE SENATE OF THE UNITED STATES

JUNE 4, 2009

Mr. WYDEN introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To provide for a demonstration project to examine whether community-level public health interventions can result in lower rates of chronic disease for individuals entering the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Healthy Living and Health Aging Demonstration Project Act of 2009''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Chronic diseases are the leading cause of death and disability in the United States. Seven in every 10 deaths are attributable to chronic disease, with more than 1,700,000 Americans dying each year. Approximately 133,000,000 Americans, representing 45 percent of the Nation's population, have at least 1 chronic disease.

(2) In 2007, the United States spent over $2,200,000,000,000 on health care, with 75 cents out of every dollar spent going towards treatment of individuals with 1 or more chronic disease. In public programs, treatment for chronic diseases constitutes an even higher percentage of total spending, with 83 cents of every dollar spent by Medicaid programs and more than 95 cents of every dollar spent by the Medicare program going towards costs related to chronic disease.

(3) Since 1987, the rate of obesity in the United States has doubled, accounting for a 20 to 30 percent increase in health care spending. Additionally, the percentage of young Americans who are overweight has tripled since 1980. If the prevalence of obesity was at the same level as it was in 1987, health care spending would be nearly 10 percent

lower per person, for a total savings of nearly $200,000,000,000.

(4) The vast majority of cases of chronic disease could be better prevented or managed. The World Health Organization has estimated that if the major risk factors for chronic diseases were eliminated, at least 80 percent of all cases of heart disease, stroke, and type 2 diabetes could be prevented, while also averting more than 40 percent of cancer cases.

(5) Depressive disorders are also becoming increasingly common, chronic, and costly. In 1990, the World Health Organization identified major depression as the fourth leading cause of disease worldwide, leading to more cases of disability than ischemic heart disease or cerebrovascular disease. Research has shown that mental health screenings following disease diagnosis for diabetic patients can improve health while remaining cost-effective.

(6) A report by the Trust for America's Health found that an annual investment of $10 per person in proven community-based programs to increase physical activity, improve nutrition, and prevent tobacco use and smoking could, within 5 years, save the United States more than $16,000,000,000 annu-

ally, with savings of more than $5,000,000,000 for Medicare and $1,900,000,000 for Medicaid, as well as over $9,000,000,000 in savings for private health insurance payers.

SEC. 3. DEMONSTRATION PROJECT FOR COMMUNITY-LEVEL PUBLIC HEALTH INTERVENTIONS.

(a) DEFINITIONS.—In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Centers for Medicare & Medicaid Services.

(2) CHRONIC DISEASE OR CONDITION.—The term ''chronic disease or condition'' means diabetes, hypertension, pulmonary diseases (including asthma), hyperlipidemia, obesity, and any other disease or condition as determined by the Secretary of Health and Human Services.

(3) COMMUNITY-BASED PREVENTION AND INTERVENTION STRATEGY.—The term ''community-based prevention and intervention strategy'' means programs and services intended to prevent and reduce the incidence of chronic disease, including walking programs, group exercise classes, anti-smoking programs, healthy eating programs, increased access to nutritious and organic foods, programs and services that have been recommended by the Task

Force on Community Preventive Services, and any programs or services that have been proposed by an eligible partnership and certified by the Director of the Centers for Disease Control and Prevention as evidence-based.

(4) DIRECTOR.—The term ''Director'' means the Director of the Centers for Disease Control and Prevention.

(5) MEDICARE.—The term ''Medicare'' means the program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(6) PRE-MEDICARE ELIGIBLE INDIVIDUAL.—The term ''pre-Medicare eligible individual'' means an individual who has attained age 55, but not age 65.

(7) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(8) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa.

(b) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary, acting through the Administrator and in consultation with

the Director, shall establish a demonstration project under which eligible partnerships, as described in subsection (d)(1), are awarded grants to examine whether community-based prevention and intervention strategies, targeted towards pre-Medicare eligible individuals, result in—

(A) lower rates of chronic diseases and conditions after such individuals become eligible for benefits under Medicare; and

(B) lower costs under Medicare.

(2) FEDERAL AGENCY RESPONSIBILITIES.—

(A) CENTERS FOR MEDICARE & MEDICAID SERVICES.—The Administrator shall have primary responsibility for administering and evaluating the demonstration project established under this section.

(B) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Director shall—

(i) certify that community-based prevention and intervention strategies proposed by eligible partnerships are evidence-based;

(ii) administer and provide grants for health screenings and risk assessments and community-based prevention and interven-

tion strategies conducted by eligible partnerships; and

(iii) provide grants to designated clinical referral sites (as described in subsection (d)(1)(B)(ii)(I)) for reimbursement of administrative costs associated with their participation in the demonstration project.

(c) DURATION AND SELECTION OF PARTNERSHIPS.—

(1) DURATION.—The demonstration project shall be conducted for a 5-year period, beginning not later than 2010.

(2) NUMBER OF PARTNERSHIPS.—The Administrator, in consultation with the Director, shall select not more than 6 eligible partnerships.

(3) SELECTION OF PARTNERSHIPS.—Eligible partnerships shall be selected by the Administrator in a manner that—

(A) ensures such partnerships represent racially, ethnically, economically, and geographically diverse populations, including urban, rural, and underserved areas; and

(B) gives priority to such partnerships that include employers (as described in subsection (d)(1)(C)).

(d) ELIGIBLE PARTNERSHIPS.—

(1) DESCRIPTION.—

(A) IN GENERAL.—Subject to subparagraph (C), for purposes of this section, an eligible partnership is a partnership that submits an approved application to participate in the demonstration project under this section and includes both of the entities described in subparagraph (B).

(B) REQUIRED ENTITIES.—An eligible partnership shall consist of a partnership between the following:

(i) A State or local public health department that shall—

(I) serve as the lead organization for the eligible partnership;

(II) develop appropriate community-based prevention and intervention strategies and present such strategies to the Director for certification; and

(III) administer certified community-based prevention and intervention

strategies and conduct such strategies in association with local community organizations.

(ii) A medical facility as deemed appropriate by the Administrator, including health centers (as described under section 330 of the Public Health Service Act (42 U.S.C. 254b)) and rural health clinics (as described in section 1861(aa)(2) of the Social Security Act (42 U.S.C. 1395x(aa)(2))), that shall—

(I) serve as the designated clinical referral site for medical services, as described in subsection (e)(4)(B)(i);

(II) provide assistance to the designated public health department with organization and administration of individual health screenings and risk assessments, as described in subsection (e)(3);

(III) collect payment for medical treatment and services that have been provided to individuals under the demonstration project in a manner that is

consistent with State law and applicable clinic policy; and

(IV) provide mental health services or obtain an agreement with a designated mental health provider for referral and provision of such services.

(C) OPTIONAL ENTITIES.—An eligible partnership may include other organizations as practicable and necessary to assist in community outreach activities and to engage health care providers, insurers, employers, and other community stakeholders in meeting the goals of the demonstration project.

(2) APPLICATIONS.—An eligible partnership that desires to participate in the demonstration project shall submit to the Administrator an application at such time, in such manner, and containing such information as the Administrator may require.

(e) USE OF FUNDS.—

(1) IN GENERAL.—An eligible partnership shall use funds received under this section to conduct community-based prevention and intervention strategies and health screenings and risk assessments for pre-Medicare eligible individuals from a diverse selection of ethnic backgrounds and income levels.

(2) COMMUNITY-BASED PREVENTION AND INTERVENTION STRATEGY.—An eligible partnership, acting through the State or local health department, shall promote healthy lifestyle choices among pre-Medicare eligible individuals by implementing and conducting a certified community-based prevention and intervention strategy that shall be made available to all such individuals.

(3) INDIVIDUAL HEALTH SCREENINGS AND RISK ASSESSMENTS.—An eligible partnership, acting through the State or local public health department (or an appropriately designated facility), shall agree to provide the following:

(A) SCREENINGS FOR CHRONIC DISEASES AND CONDITIONS.—Individual health screenings for chronic diseases or conditions, which shall include appropriate tests for—

(i) diabetes;

(ii) high blood pressure;

(iii) high cholesterol;

(iv) body mass index;

(v) physical inactivity;

(vi) poor nutrition;

(vii) tobacco use; and

(viii) any other chronic disease or condition as determined by the Director.

(B) MENTAL HEALTH SCREENINGS.—A mental health screening and, if appropriate, referral for additional mental health services, for any individual who has been screened and diagnosed with a chronic disease or condition.

(4) CLINICAL TREATMENT FOR CHRONIC DISEASES.—The eligible partnership shall agree to provide the following:

(A) TREATMENT AND PREVENTION REFERRALS FOR INSURED INDIVIDUALS.—To refer an individual determined to be covered under a health insurance program who has been screened and diagnosed with a chronic disease or chronic disease risk factors (including high blood pressure, high cholesterol, obesity, or tobacco use)—

(i) to a provider under such program for further medical or mental health treatment; and

(ii) for enrollment in an appropriate community-based prevention and intervention strategy program.

(B) TREATMENT AND PREVENTION REFERRALS FOR UNINSURED INDIVIDUALS.—To refer an individual determined to be without coverage under a health insurance program who has been screened and diagnosed with a chronic disease or chronic disease risk factors (including high blood pressure, high cholesterol, obesity, or tobacco use) to the designated clinical referral site—

(i) for determination of eligibility for public health programs, or appropriate treatment (including mental health services) pursuant to the facility's existing authority and funding and in accordance with applicable fees and payment collection as described in subsection (d)(1)(B)(ii)(III); and

(ii) for enrollment in an appropriate community-based prevention and intervention strategy program.

(C) HEALTHY INDIVIDUALS.—To provide an individual who is not diagnosed with a chronic disease and does not exhibit any chronic disease risk factors with appropriate information on healthy lifestyle choices and available

community-based prevention and intervention strategy programs.

(5) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as entitling an individual who participates in the demonstration project to benefits under Medicare.

(f) MONITORING.—The Secretary shall develop and administer a program to evaluate the effectiveness of the demonstration project by collecting the following:

(1) HEALTH RISK ASSESSMENT RESULTS.—Each eligible partnership shall maintain records of medical information and results obtained during each individual's health screening and risk assessment to establish baseline data for continued monitoring and assessment of such individuals.

(2) MEDICARE EXAMINATION RESULTS.—The Secretary shall collect medical information obtained during the initial preventive physical examination under Medicare (as defined in section 1861(ww) of the Social Security Act (42 U.S.C. 1395x(ww))) for those individuals who received health screenings and risk assessments through the demonstration project.

(g) EVALUATION.—

(1) INDEPENDENT RESEARCH.—The Secretary, in consultation with the Director and the Adminis-

trator, shall enter into a contract with an independent entity or organization that has demonstrated—

(A) prior experience in population-based assessment of public health interventions designed to prevent or treat chronic diseases and conditions; and

(B) knowledge and prior study of the general health and lifestyle behaviors of pre-Medicare eligible individuals.

(2) EVALUATION DESIGNS.—The entity or organization selected by the Secretary under paragraph (1) shall, using the information and data collected pursuant to subsection (f), conduct an assessment of the demonstration project through—

(A) a population-based design that compares those populations targeted under the demonstration project with a matched control group; and

(B) a pre-post design that measures changes in health indicators (including improved diet or increased physical activity) and health outcomes in the targeted populations for those individuals who participated in individual health risk assessments and, prior to completion

of the demonstration project, became eligible for benefits under Medicare.

(h) REPORTING.—

(1) PROGRESS REPORT.—Not later than 3 years after implementation of the demonstration project, the Secretary shall prepare and submit a report on the status of the project to Congress, including—

(A) the progress and results of any activities conducted under the demonstration project; and

(B) identification of health indicators (such as improved diet or increased physical activity) that have been determined to be associated with controlling or reducing the level of chronic disease for pre-Medicare eligible individuals.

(2) FINAL REPORT.—Not later than 18 months after completion of the demonstration project, the Secretary shall prepare and submit a final report and evaluation of the project to Congress, including—

(A) the results of the assessment conducted under subsection (g)(2);

(B) a description of community-based prevention and intervention strategies that have been determined to be effective in controlling or reducing the level of chronic disease for pre-Medicare eligible individuals;

(C) calculation of potential savings under Medicare based upon a comparison of chronic disease rates between the populations targeted under the demonstration project and the matched control group; and

(D) recommendations for such legislation and administrative action as the Secretary determines appropriate.

(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out the demonstration project established under this section, there is authorized to be appropriated $200,000,000 for the period of fiscal years 2010 through 2016.

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